

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CT Outpt Guided SI Joint Injection w/Dye & Anesthetic

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 11/15/11, 12/01/11

Follow up note dated 12/12/11, 11/07/11, 10/17/11, 10/03/11, 06/27/11, 03/14/11, 01/31/11, 01/10/11, 10/25/10, 07/19/10, 02/04/10, 10/29/09, 07/09/09, 06/18/09, 07/10/08, 05/07/08, 05/02/08, 03/27/08

Operative report dated 02/23/11, 01/19/11, 01/13/10, 07/01/09, 06/18/08, 06/11/08

Handwritten discharge report dated 04/06/11

Handwritten evaluation dated 03/15/11

MRI lumbar spine dated 11/05/11, 02/27/08, 07/11/03

MRI cervical spine dated 07/11/03

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male. He was injured on xx/xx/xx. The patient has had multiple back surgeries L4 to the sacrum to include L5-S1 fusion. He has had medial branch block L2, L3, L4 bilaterally on 04/25/08 with 90% relief for 3-4 days; medial branch rhizotomy L3, L4 on the right on 06/11/08 and right sided on 06/18/08 with some improvement; bilateral L2-3 and L3-4 facet injections on 07/01/09; L2-3, L3-4 and L4-5 lumbar facet rhizotomy on 01/13/10; right SI joint injection on 01/19/11 with 100% relief for a few days; right SI joint rhizotomy on 02/23/11. Exam note from 10/17/11 indicates that the patient continues to have pain in his right lower extremity. On physical examination there is pain over his right-sided lumbosacral side of his back with radiation to the bilateral legs. He has decreased range of motion with flexion, extension and lateral rotation. Straight leg raising causes pain to radiate from his buttock into his right posterior thigh just below his knee. MRI of the lumbar spine dated 11/05/11 revealed solid interbody fusion and intertransverse bony fusion at L5-S1; status post wide bilateral laminectomies and bilateral facetectomies at L5-S1 and 2 mm annular bulge at L4-5 with degenerative facet joint changes but no central canal stenosis. There is mild

bilateral neural foraminal narrowing.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

There is no current, detailed physical examination submitted for review documenting at least 3 positive physical examination findings as required by the Official Disability Guidelines. The patient underwent previous SI joint injection on 01/19/11 with 100% relief for a few days. The Official Disability Guidelines support repeat SI joint injection with evidence of at least >70% pain relief is obtained for 6 weeks. The reviewer finds CT Outpt Guided SI Joint Injection w/Dye & Anesthetic is not medically necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)